Name In Full — Certificate of Death

Mary Adams

Died at Town: Highland — County: Harford — MARYLAND

Date 1904 — Month: 1 — Day: 10 — Age: Y. 86 M. — D. — — Native of: Md — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 2

~~Husband~~ / Wife of Samuel P. Adams

Father's Name: — Mother's Maiden Name: —

Cause of Death — Primary: Paralysis — Immediate: —

How long sick: 66 —

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. F. H. Curtiss

Address [redacted] Street Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Charles S. Jr. Bessler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Jarrettsville — County: Harford

Date of death 1904 — Month: Jan. — Day: 20 — Years: Age 86 — Months: 1 — Days: 23

Sex: male — Color or Race: white — Birth-place: Germany

Married, Single or Widowed: married — Occupation: farmer

Name of Wife ~~or Husband~~: Christina Bessler

Father's Name: Christian Henry Bessler — Father's Birthplace: near Erfut Prussia

Mother's Maiden Name: Royal Judita Schnell — Mother's Birthplace: Prussia

Name of person giving Information: Christina Bessler — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: 5 years

Immediate: Acute Bronchitis — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. H. Emory Jr. M.D.

Address: Hess, Maryland

Accident or Suicide? no

LIBRARY BUREAU A8851G

Name in Full Olivia C. Bankins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Cheatnut Hill (County) Harford

Date of death 1904 Month 1 Day 3 **Age** Years 66 Months Days

Sex Female Color or Race White Birthplace Harford Co

Married, Single or Widowed Widowed Occupation Housewife

Name of Wife or Husband Charles Bankins

Father's Name Smith — Father's Birthplace Md.

Mother's Maiden Name Hannah Norwood 93 Mother's Birthplace Md

Name of person giving In formation Henry Cady How related to deceased Servant

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pneumonia How long 6 days

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. F. H. Carlton

Address Street Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Ida E Brokhart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Garrisville — County: Harford

Date of death 1904: Month: Jan — Day: 26 — Age: Years: 29 — Months: 8 — Days:

Sex: Female — Color or Race: White — Birthplace: Baltimore

Married, ~~Single, or Widowed~~ — Occupation: Housekeeper

Name of Wife or Husband: Jacob Brokhart

Father's Name: Howard Brown — Father's Birthplace:

Mother's Maiden Name: Amanda Fridley — Mother's Birthplace:

Name of person giving In formation: Howard Nelson — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 7 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. T. Turner M.D.

Address: White Hall Md

Accident or Suicide?

LIBRARY BUREAU A58816

Name in Full: Mrs. Louie Buton

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hickory — County: Hanford — MARYLAND

Date of death 1904: Month: Jan. — Day: 21 — Age: Years: 79 — Months: 11 — Days:

Sex: Female — Color or Race: white — Birthplace: Ind.

~~Married~~, ~~Single~~ or Widowed — Occupation: Housewife

Name of Wife or Husband: Anna Brial Buton

Father's Name: Dr. Christopher Godd — Father's Birthplace: Ind.

Mother's Maiden Name: Susanna Tindall 93 — Mother's Birthplace: Ind

Name of person giving information: Susanna Buton — How related to deceased: Step daught.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: six days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: F. L. Hughes

Address: Gibson, Ind.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Hannah S. Bull

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hickory — County: Harford

Date of death 1904: Month: Jan. — Day: 31 — Age: Years: 81 — Months: 2 — Days:

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Wm. Bull — Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Ruff — Mother's Birthplace: Harford Co.

Name of person giving Information: Wilbur Baron — How related to deceased: Nephew

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General debility — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. Lee Hughes

Address: Gibson, Md.

Accident or Suicide?

LIBRARY BUREAU A6991C

Name in Full: Patrick Cain

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bel Air — County: Harford

Date of death: Month: Jan — Day: 14 — 1904

Age: Years: 70 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Ellen Mahoney

Father's Name: Patrick Cain — Father's Birthplace: Ireland

Mother's Maiden Name: Bridget Cain — Mother's Birthplace: Ireland

Name of person giving Information: John Cain — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Locomotor ataxia — How long: 3 or 4 years.

Immediate: Hemiplegia — How long: few days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: O. F. VanBibber

Address: Bel Air Md.

Accident or Suicide? No.

LIBRARY BUREAU A88818

Name In Full

Wm Calder

Certificate of Death

Died at Town Federal Hill County Harford Co MARYLAND

Date 1904 Month Jan Day 8 | Age Y. 61 M. D. | Native of Md | Occupation Black Smith

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of Wife Lucretia Calder

Father's Name Martin Calder Mother's Maiden Name ~~Nancy~~ 79 Calder

Cause of Death: Primary Stomache and Kidney

How long sick 6 moths

Immediate

Accident, Suicide, Homicide

Reported by Dr. T. J. Jones

Address Black Horse

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Frank V. Dufhorn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pylesville / County: Harford

Date of death 1904: Month: 1 / Day: 25 / Age: Years: 63 / Months / Days

Sex: Male / Color or Race: White / Birthplace: Maryland

Married, Single or Widowed: Married / Occupation

Name of Wife or Husband

Father's Name / Father's Birthplace

Mother's Maiden Name / Mother's Birthplace

Name of person giving Information: John. Dufhorn / How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis / How long: 6 or 8 yrs

Immediate / How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. H. Dames Ramsay

Address: Delta

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88510

Friendship
at 1 PM
on Lafayette

Name in Full

Certificate of Death

Nevin Gibson

Died at Town Black Horse County Harford MARYLAND

Date 1904 Month Jan Day 7 | Age Y. 73 M. D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ | Number of children living 2

Husband of Wife Emma Alwood

Father's Name Jas. Gibson | Mother's Maiden Name Margaret Clark

Cause of Death: Primary Pneumonia | How long sick 2 weeks

Immediate | Accident, Suicide, Homicide

Reported by F. J. Turner

Address Black Horse

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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LIBRARY BUREAU, 79895

Name in Full: Catherine Harnard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fountain Green, Md. County: Harford Co.

Date of death 1907: Month: Jan. Day: 11. Years: Age 81 Months: 3 Days:

Sex: Female. Color or Race: White. Birthplace: Churchville

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed. Name of Wife or Husband: Wm H. Harnard

Father's Name: Wm Veitch. Father's Birthplace: Md.

Mother's Maiden Name: Nancy McLaughlin. Mother's Birthplace: Md.

Name of person giving Imformation: Bessie I. Harnard. How related to deceased: Granddaughter

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-enteritis chronic. How long: 15 Yrs

Immediate: acute attack. How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Harnard, M.D.

Address: Fulford Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full — Certificate of Death

Martha Hoffs

Died at Aberdeen (Town) Harford (County) MARYLAND

Date 19 24 — Month 1 Day 29 — Age Y. 79 M. D. — Native of Harford Co — Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower — Number of children living 12

~~Husband~~ Wife of Ladenia Hoffs

Father's Name Garrett Stone — Mother's Maiden Name 93

Cause of Death — Primary Pneumonia — How long sick 2 5 days

Immediate — ~~Accident, Suicide, Homicide~~

Reported by W. D. Hoffs

Address Aberdeen

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989

Name in Full — Certificate of Death

Thos Tolley Johnson

Died at — Town: Edgewood — County: Harford — MARYLAND

Date 19 04 — Month: Jan — Day: 8 — Age: Y. 29 M. D. — Native of: Harford — Occupation: Laborer

Male / ~~Female~~ — ~~White~~ / Colored — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband of / Wife: Sophia Johnson

Father's Name: Richard Lawson — Mother's Maiden Name: Flonia Turner

Cause of Death — Primary: Abdominal abscess — How long sick: 2 yrs.

Immediate: Chas Pitt MD — ~~Accident, Suicide, Homicide~~

Reported by

Address: Edgewood Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Anna Mary Jones -

CERTIFICATE OF DEATH

MARYLAND

Town: Ludwig County: Harford

Died at

Date of death 1904: Month Jan Day 12 Years Age 20 Months Days

Sex: Female Color or Race: White Birthplace: Ludwig

Married, Single or Widowed: Single Occupation

Name of Wife or Husband

Father's Name: Danl. W. Jones Father's Birthplace: Wales

Mother's Maiden Name: Mary Nicholas Mother's Birthplace: Wales

Name of person giving information How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary How long

Immediate: Tuberculosis How long: 7 months.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. Warren Ramsay.

Address: Delta, Penna

Accident or Suicide?

LIBRARY BUREAU A8S516

Name in Full: Helen Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berkley; County: Harford

Date of death: Month: Jan; Day: 14; Year: 1904

Age: Years: 2; Months: 1; Days: —

Sex: Female

Color or Race: White

Birthplace: Maryland.

Occupation: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Leonard Jones

Father's Birthplace: Maryland

Mother's Maiden Name: Martha Knight

Mother's Birthplace: Maryland

Name of person giving information: Hugh Knight

How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping cough

How long: 2 wks

Immediate: Pneumonia

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank Arthur

Address: Mill Green

Dr. W. B. Tirl

Accident or Suicide?

LIBRARY BUREAU A8051C

Nama in Full

Certificete of Deeth

Hugh Jones

Died at Whitford Town County Harford MARYLAND

Date 1964	Month 1	Day 28	Age Y.	M.	D. 1	Native of End	Occupation ——

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

Husband of
Wife

Father's Name Hugh Jones | Mother's Maiden Name Lizzie Jones

Cause of Death: Primary — Premature Birth — How long sick 1 day

Immediate — Accident, Suicide, ~~Homicide~~

Reported by Thomas Hughes

Address Whitford End

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79839

Name in Full: Harriet + Logan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel- Air — County: Harford

Date of death 1904: Month: Jan — Day: 12 — Age: Years: 65 — Months: 3 — Days: 23

Sex: Female — Color or Race: colored — Birthplace: Md

Married, Single or Widowed: Married — Occupation: housekeeper

Name of ~~Wife~~ Husband: John Logan

Father's Name: Geo Smith — Father's Birthplace: Md

Mother's Maiden Name: Sarah Richardson — Mother's Birthplace: Md

Name of person giving information: Emma Snowden — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: asthma — How long: 2 yrs

Immediate: Heart- Disease — How long: 8 1/2 Mons

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J F H Gorsuch

Address: Fork Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A89316

Name in Full: Maria Ridgely Lytle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hickory; County: Harford

Date of death 1904: Month: Jan.; Day: 8; Age: Years: 93; Months: 8; Days:

Sex: Female; Color or Race: Colrd; Birthplace: Md.

Married, Single, Widowed: —; Occupation: Housewife

Name of Wife or Husband: Robt. A. Lytle

Father's Name: Dr. Christopher Todd; Father's Birthplace:

Mother's Maiden Name: Susanna Sindall; Mother's Birthplace:

Name of person giving information: Josephine Lytle; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age; How long:

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Asst Hughes

Address: Gibson, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Sarah L. McDonald

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Havre de Grace; County: Harford

Date of death 1904: Month: January; Day: 1; Age: Years: 29; Months; Days

Sex: Female; Color or Race: White; Birthplace: Havre de Grace

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

Father's Name: John McDonald; Father's Birthplace: Ireland

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: John McDonald; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption; How long: 1 year 6 months

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R H Smith

Address: Havre de Grace

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83519

Name in Full: Robert P. Mitchell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: ; County: Harford

Date of death 190 7 — Month: 1 ; Day: 1 ; Age — Years: 68 ; Months: ; Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male ; Color or Race: White ; Birthplace: Md

Married, Single or Widowed: Widower ; Occupation: Farmer

Name of Wife or Husband: Mary Hughes

Father's Name: John Mitchell ; Father's Birthplace: —

Mother's Maiden Name: 66 ; Mother's Birthplace:

Name of person giving information: Robt H. Mitchell ; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ; How long:

Immediate: Paralysis ; How long: Several years

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. L. Hopkins

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full Calvin Morgan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Marion — County: Harford

Date of death 190 — Month: Jan — Day: 17

Age — Years: 1 — Months: 4 — Days:

Sex: Male — Color or Race: Negro — Birthplace: Marion

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: John Morgan — Father's Birthplace: Harford Co

Mother's Maiden Name: Sallie Morgan — Mother's Birthplace: Md US

Name of person giving information: Hugh E Jones — How related to deceased: Mom

93.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 days

Immediate: — — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr J H Adkins

Address: Aberdeen Md

~~Accident or Suicide?~~

LIBRARY BUREAU A38516

Name in Full: Henry Morgan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hyndman County: Harford

Date of death: 1904 Month: 1 Day: 11 Age: Years: 70 Months: 1 Days: 6

Sex: Male Color: ~~Red~~ Rose Birthplace: Md

Occupation: Laborer Where Residing if not at place of death: Hyndman

Married, ~~Single or Widower~~: Yes Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Charlie Mother's Birthplace:

Name of person giving Imformation: his Daughter How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis How long: 4 mons

Immediate: Heart-failure Phthisis & Dropsy How long: 5 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. F. H. Gooch

Address: Fork Md

Accident or Suicide?

LIBRARY BUREAU A 832 18

Name in Full

Chas. Lee, Morris

Certificate of Death

Town: Wilna County: Harford MARYLAND

Died at

Date 1904 Month 1 Day 4 | Age Y. 8 M. 2 D. 4 | Native of Harford | Occupation Chas

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife: No

Father's Name: John Morris

Mother's Maiden Name: Alice Comuse

Cause of Death: Primary: Cold

Immediate: Suppression (Uremia)

How long sick: 2 days

Accident, Suicide, Homicide

Reported by: Casteling Smith

Address: Rock Run Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full — Certificate of Death

Wilson Prigg

Died at Town: Poole — County: Harford — MARYLAND

Date 1904 — Month: 1 — Day: 19 — Age: Y. 11 M. D. — Native of: Md. — Occupation:

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / Number of children living

Husband / Wife of

Father's Name: Edward W. Booth — Mother's Maiden Name: Rena Prigg

Cause of Death — Primary: Unknown — How long sick: —

Immediate — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

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Reported by: Baily & Baldwin F. D.

Address: Darlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894

Name In Full

Certificate of Death

Noah Stinchcomb

Died at Town: Joppa County: Harford MARYLAND

Date 1904 Month 1 Day 27 | Age Y. 76 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

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Cause of Death: Primary Carcinoma — How long sick

Immediate — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C. W. Altwater M D

Address Joppa Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70945

Name in Full

Certificate of Death

Louisa E. Tatum

Died at Town: Franklinville County: Harford MARYLAND

Date 1904 Month: 1 Day: 31 | Age Y. 94 M. — D. — | Native of — | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name —

Mother's Maiden Name —

Cause of Death: Primary 66

Immediate Paralysis

~~How long sick~~

~~Accident, Suicide, Homicide~~

Reported by W. A. D. Keyser

Address Franklinville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full William E Thorne

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Swamp pond — County: Harford

Date of death 1904 — Month: 1 — Day: 28 — Age: Years — Months: 3 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed — Occupation

Nama of Wifa or Husband

Father's Nama: Philip Thorne — Father's Birthplace: Harford Co

Mother's Maiden Name: Peirle Sampson — Mother's Birthplace: " "

Name of person giving In formation: Lucy Thorne — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 2 days

Immediate: Convulsions. — How long: —

Are tha nama, age, sex, color, data and place correctly given above?

Signature of Physician: J H Otis

Address

Accident or Suicide?

LIBRARY BUREAU A55516

Name in Full — Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Van Bibber — County Harford

Date of death 1904 — Month Jan — Day 22 — Age Years — Months — Days 2

Sex Female — ~~Color or~~ Race White — Birthplace Van Bibber

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name J. W. Thomas — Father's Birthplace Md.

Mother's Maiden Name Ella — Mother's Birthplace

Name of person giving information J. W. Thomas — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

× Premature born — How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician × and wife Dr. Lee Armstrong

Address mail Van Bibber

Accident or Suicide?

LIBRARY BUREAU A16516

Name in Full

Certificate of Death

Hannah (Mrs) Stiger

Town

Died at Lapidum

County

Harford Co

MARYLAND

Date 19 0 4	Month Jan	Day 22	Y. 35 M. D.	Native of Harford Co	Occupation wife

Male — Female

White — Colored

Married — Single

Widow — Widower

Divorced

Number of children living one

Husband of Wife Charles Stiger

Father's Name John Cruse

Mother's Maiden Name Lucretia Nichols

Cause of Death		How long sick
	Primary Pulmonary consumption	
	Immediate Pneumonia	Accident, Suicide, Homicide

Reported by R E Gotts

Address Stores de Brea

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Samuel N. Touchton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Havre de Grace — County: Harford

Date of death 1904 — Month: 1 — Day: 14

Age — Years: 63 — Months: 11 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Harford Co

Married, Single or Widowed: Married — Occupation: Carpenter

Name of Wife ~~or Husband~~: Mrs E. Touchton

Father's Name: John Touchton — Father's Birthplace: Harford Co

Mother's Maiden Name: M. Wyatt — Mother's Birthplace: " "

Name of person giving Information: S. R. Touchton — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: Paralysis — How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician: R. N. Smith M.D.

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU A88310

Name in Full

Certificate of Death

Emily J. Wiley

Died at Town: near Town Grove. County: Harford. MARYLAND

Date 1904	Month: 1	Day: 5	Age: Y. M. D.	Native of	Occupation

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living

Husband of Wife: William Wiley 93

Father's Name: Harison Shaw Mother's Maiden Name: Anna Hutchings

Cause of Death — Primary: Congestion & Liver & Pneumonia

Immediate: Heart failure.

How long sick

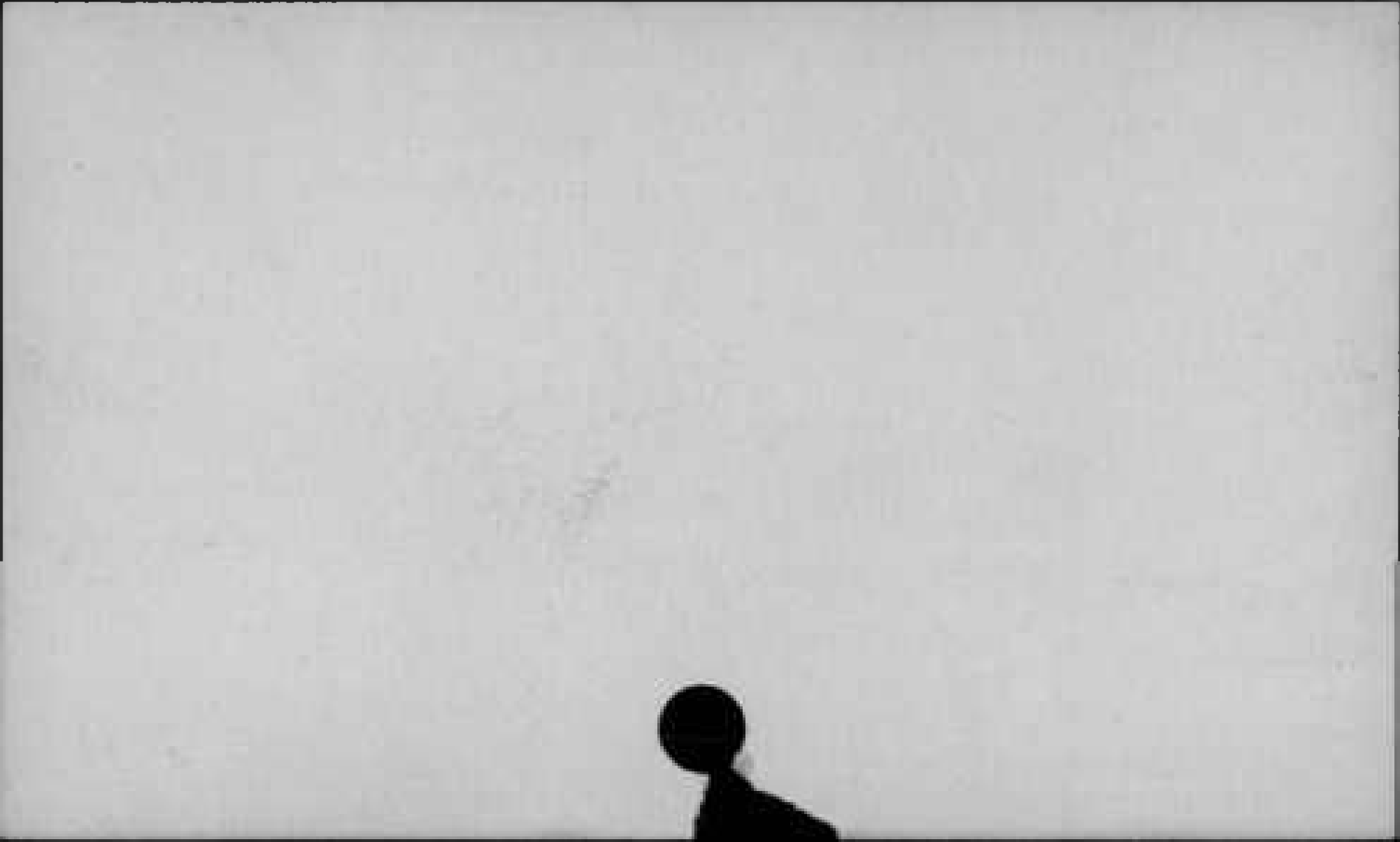
~~Accident, Suicide, Homicide~~

Reported by: John W Porter

Address: New Park Penna.

Must be signed by physician, if any in attendance, other ... coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full: Martha Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ludwig — County: Harford

Date of death 1904: Month: Jan — Day: 14 — Years: 52 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Married, Single or Widowed: Married — Occupation: Home Keeper

Name of Wife or Husband: Richard J. Williams

Father's Name: Dawson — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

27.

CAUSES OF DEATH

Primary — How long

Immediate: Tuberculosis — How long: 8 years —

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician: R. Warren Ramsay

Address: Delta

Accident or Suicide?

PHYSICIAN OR CORONER

Penna

LIBRARY BUREAU A8881G

Name in Full

Certificate of Death

Sarah Williams

Died at Town: Mill Green County: Harford MARYLAND

Date 1904 Month: Jan. Day: 7 | Age Y. 67 M. D. | Native of Md. | Occupation Housewife

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 8

Husband of
Wife

Father's Neme

Mother's Maiden Name

Cause of Death: Primary Paralysis 66. How long sick 2 weeks

Immediate

Accident, Suicide, Homicide

Reported by C. W. Famous M. D.

Address Street Md. Harford Co.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Annie Worthington

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Belair — County: Harford

Date of death 1907 — Month: January — Day: 13 — Age: Years 49 — Months 6 — Days 5

Sex: Female — Color or Race: Caucassian — Birthplace: Harford Co Md.

Occupation: Lady — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: William Worthington — Father's Birthplace: Harford Co Md.

Mother's Maiden Name: Mary Dallam — Mother's Birthplace: Baltimore, Md.

Name of person giving Imformation: John D. Worthington — How related to deceased: Brother

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart — How long: 2 Days.

Immediate: Heart failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Hall Richardson

Address: Bel Air, Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name In Full

Certificate of Death

Septimus Stein Burnett York

Died at Town: Pearmans County: Harford MARYLAND

Date 190 Month: 1 Day: 24 | Age Y. 47 M. D. | Native of Harford Co | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 4

Husband ~~Wife~~ of Estella York

Father's Name Sep York | Mother's Maiden Name Harriett Stinson

Cause of Death — Primary: Killed by P R Car

Immediate:

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Estella York

Address Baltimore

E. R. Fletcher

1914

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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